



CALIFORNIA STATE ATHLETIC COMMISSION

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 5757 WEST CENTURY BLVD., GF-16, LOS ANGELES, CA 90045 (310) 641-8668 FAX (310) 641-8516

**2003****APPLICATION FOR REFEREE/JUDGE/TIMEKEEPER LICENSE**
☐ **Original** ☐ **Renewal**
TYPE OF LICENSE: ☐ **BOXING** ☐ **MARTIAL ARTS**
SUBMIT APPLICATION WITH REQUIRED FEE AND TWO PHOTOGRAPHS (2" X 2")
SIGNED ON BACK.

- ☐ REFEREE (*PROFESSIONAL BOXING*) \$150 AND MEDICAL EXAMINATION
- ☐ REFEREE (*PROFESSIONAL MARTIAL ARTS*) \$150 AND MEDICAL EXAMINATION
- ☐ REFEREE (*AMATEUR MARTIAL ARTS*) \$75 AND MEDICAL EXAMINATION
- ☐ JUDGE (*PROFESSIONAL BOXING*) - \$150
- ☐ JUDGE (*PROFESSIONAL MARTIAL ARTS*) - \$150
- ☐ JUDGE (*AMATEUR MARTIAL ARTS*) - \$75
- ☐ TIMEKEEPER - \$50

| OFFICE USE ONLY |
|-------------------------------|
| License # _____ |
| Date App Received _____ |
| Amount Received \$ _____ |
| Method of Payment _____ |
| Received By _____ |
| Receipt # _____ |
| APPROVE FOR LICENSURE: |
| _____ Authorized Signature |

* The Commission has delegated authority to regulate amateur boxing, amateur boxing judges and referees to USA Boxing, Inc. pursuant to Business and Professions Code §18646.

| | | | | |
|---|---------------------------------|---------------------------------------|-------|-------------------------|
| FULL NAME: (Print) | | Last | First | Middle |
| LEGAL ADDRESS: Street address City State Zip Code | | | | |
| HOME PHONE NUMBER () | BUSINESS PHONE NUMBER () | SOCIAL SECURITY NUMBER (Mandatory) | | DATE OF BIRTH / / |

DO YOU HAVE A FINANCIAL INTEREST IN ANY CLUB/PROMOTER, CORPORATION, ORGANIZATION OR ASSOCIATION CONDUCTING BOXING OR MARTIAL ARTS OR EXHIBITIONS IN THIS STATE? ☐ Yes ☐ No

If answer is Yes, give name(s) _____

DO YOU HAVE A FINANCIAL INTEREST IN ANY BOXER OR MARTIAL ARTS FIGHTER? ☐ Yes ☐ No

If answer is Yes, give name(s) and explain: _____

ARE YOU LICENSED IN ANY OTHER STATE? ☐ Yes ☐ No

If answer is Yes, what type of license and expiration date: _____

HAVE YOU EVER BEEN CONVICTED OF ANY OFFENSE OTHER THAN MINOR TRAFFIC VIOLATIONS? ☐ Yes ☐ No

(You must answer "Yes" even if a conviction or plea of guilty was changed, withdrawn, dismissed, discharged, set aside or pardoned under Section 1203.4 of the Penal Code).

If answer is Yes, please explain and attach a copy of conviction: _____

HAVE YOU EVER BEEN SUSPENDED, REVOKED, DISCIPLINED OR FINED BY THE STATE ATHLETIC COMMISSION OF CALIFORNIA, OR BY ANY OTHER ATHLETIC COMMISSION? ☐ Yes ☐ No

If answer is Yes, explain: _____

(Please Complete Other Side)

EXPERIENCE AND QUALIFICATIONS (For "Original" Applicants):

Referee "Original" Applicants:

Applicant must submit evidence of prior experience in referring and judging boxing matches and perform in a series of training sessions as a referee to successfully demonstrate proficiency (pursuant to Commission Rule 371).^{1/}

Judge "Original" Applicants:

Applicant must submit evidence that he/she has demonstrated prior experience in judging boxing contests and must demonstrate judging proficiency (pursuant to Commission Rule 379).^{2/}

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<sup>1/</sup> New applicants may be required to perform in a series of training sessions as a judge to successfully demonstrate proficiency.

<sup>2/</sup> New applicants may be required to pass a written examination administered by the commission on the fundamentals of boxing, judging boxing contests and knowledge of California law and regulations relating to boxing.

**PERSON TO NOTIFY IN CASE OF EMERGENCY:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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Authority to provide the Commission with information requested on this application is established pursuant to Section 18640, 18642 and 18660 of the Business and Professions Code. Disclosure of your social security number is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 [42 ISCA 405(c)(2)(C)] authorize collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes, and for purposes of compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code. If you fail to disclose your social security number, your application for initial or renewal license will not be processed AND you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

All items in this application are mandatory; none are voluntary. Failure to provide any of the requested information will result in the application being rejected as incomplete. The information provided will be used to determine qualification for licensure. Applicants have the right to review their application subject to the provisions of the Information Practices Act. The Executive Officer is the custodian of records.

***I declare under penalty of perjury under the laws of the State of California that I have read the foregoing application for a license, that all the answers given are my own and that all the answers are true of my own knowledge. Further, I understand and agree that any misstatement of material fact in this application will constitute grounds for denying or revoking the license.***

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_